

DO NOT  
SEND TO IRS

STATE OF ARIZONA SUBSTITUTE W-9 FORM  
REQUEST FOR TAXPAYER IDENTIFICATION AND CERTIFICATION

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\*\*\*\*\*LEGIBLY PRINT OR TYPE REQUIRED INFORMATION\*\*\*\*\*

**Part I** Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

If you are a resident alien OR a sole proprietor OR do not have a number, see the instructions on page 2.

Social Security Number (SSN)

2    -   -     0

Employer Identification Number (EIN)

1   -        0

OR

Name (if using SSN) or Business Name (if using EIN) - as reported with Social Security Administration or IRS

**Remittance Address** (If different from main address)

DBA, Business, Subsidiary, Trade name, Other \_\_\_\_\_ (circle one)

Name

Address

Main Address (where tax information and general correspondence is to be mailed)

City, State, and ZIP code

City, State, and ZIP code

Contact Name

Telephone number

Fax number

( ) ( )

**Part II**

For Payees Exempt From Backup  
Withholding (See instructions on page 2.)

Check the appropriate box:

☐ (5) Business (check one of the following)

☐ (6) Individual (check one of the following)

☐ (1)(E) State Employee

☐ (A) Arizona Corp.-including Non-Profit

☐ (I) U.S. Citizen/Permanent Resident

☐ (C) PC, PLLC, or LLC

☐ (S) Sole Owner of a Business (using SSN)

☐ (F) Financial Institution

☐ (H) Benefits Provider

☐ (7) Other (Non-corporate including, but not limited to conferences, trust funds, receiverships)

☐ (M) Medical Corp.

☐ (O) Out of State Corp.-including Non-Profit

--PLEASE BRIEFLY DESCRIBE

☐ (P) Professional Assoc.

☐ (S) Sole Owner (using EIN)

☐ (T) Partnership, LLP, or LTD

☐ (U) Public Utility Co.

☐ (8)(B) Board Member

Minority Business Indicator: (check one of the following that best describes your business)

☐ 06 - Small Business/Woman Owner

☐ 11 - Small Business/Minority Woman Owner

☐ 07 - Small Business/Disabled Owner

☐ 12 - Small Business/Disabled Minority Owner

☐ 08 - Minority Woman Owner Business

☐ 13 - Small Business/Disabled Minority Woman

☐ 09 - Disabled Minority Owner Business

Owner

☐ 10 - Disabled Woman Owner Business

☐ 00 - None of these apply

**Part III** Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), AND

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that

I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND

3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See instructions on page 2.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here →

Date →

RETURN THIS FORM AND REPORT ANY CHANGES IN THE ABOVE INFORMATION TO THE STATE AGENCY THAT YOU DO BUSINESS WITH

FOR STATE AGENCY USE ONLY

DO NOT WRITE BELOW THIS LINE

VENDOR # \_\_\_\_\_

MC(s) \_\_\_\_\_ (main address)

MC(s) \_\_\_\_\_ (remittance address)

☐ NEW VENDOR

☐ TIN CHANGE

☐ NAME CHANGE

AGY \_\_\_\_\_ AGENCY CONTACT \_\_\_\_\_

AGENCY CONTACT PHONE # ( ) EXT. \_\_\_\_\_

APPROVED BY (PRINT) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_ Date \_\_\_\_\_